

VETERANS' PREFERENCE

Completion of the Veterans' Preference Claim section below is made on a voluntary basis and kept confidential in accordance with the American with Disabilities Act. Listed below are the five Veterans' Preference categories.

1. A veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement benefits, or pension under public laws administered by the Veterans' Affairs and/or the Department of Defense, or
2. The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or spouse of a veteran missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power, or
3. A veteran of any war who has served at least one day or more during a wartime era; and who was discharged or separated therefrom under honorable conditions from the Armed Forces. Active-duty for training is not allowable, or
4. An employee in a covered position who leaves employment to serve in the Armed Forces and is separated with an honorable discharge, and is reinstated within one year of the date of separation from the military service is entitled to veteran's preference on their first promotion following reinstatement, or
5. The unmarried widow or widower of a veteran who died of a service-connected disability.

Documentation substantiating your claim must be submitted with this form (DD form 214 (Member-4) or Letter from the Florida Department of Veteran's Affairs or Department of Defense indicating service-connected disability) at the time of application. In addition, applicants claiming categories 1, 2 or 5 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Under the State of Florida Veterans' Preference law, preference in appointment shall be given by the State of Florida and its political subdivisions to those persons in categories 1 and 2 and then those in categories 3 and 5. Retired military personnel are eligible.

If any applicant claiming veterans' preference for a vacant position is not selected for the position, they may file a complaint with the Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employer or within three months of the date the application is filed with the employer if no notice is given.

VETERANS' PREFERENCE CLAIM

IF ELIGIBLE, WHICH VETERANS' PREFERENCE CATEGORY ARE YOU CLAIMING? **1** **2** **3** **4** **5**
(Please circle 1, 2, 3, 4 or 5 from the Veterans' Preference section above)

BRANCH OF SERVICE DATE OF ENTRY DATE OF DISCHARGE
Are you a resident of the State of Florida? Yes ☐ No ☐

IN THE STATE OF FLORIDA, HAVE YOU BEEN EMPLOYED BY A STATE UNIVERSITY, COMMUNITY COLLEGE, SCHOOL FOR THE DEAF AND BLIND, OR BY A POLITICAL SUBDIVISION (COUNTIES, CITIES, TOWNS, VILLAGES, SPECIAL TAX SCHOOL DISTRICTS, SPECIAL ROAD AND BRIDGE DISTRICTS, AND ALL OTHER DISTRICTS)? YES ☐ NO ☐

If YES, please provide the following information:

Name of the State and/or State political subdivision employer(s): _____

Dates of Employment: Start Date: _____ End Date: _____

Employment Status: Full-time ☐ Part-time ☐ Temporary ☐

Did you receive or intend to receive: Annual (Vacation) Leave? Yes ☐ No ☐

 Sick Leave? Yes ☐ No ☐

 and/or tenure toward Retirement in any State of Florida related retirement system? Yes ☐ No ☐

CERTIFICATION: I hereby certify that all statements made on this form are true to the best of my knowledge. I realize that should an investigation disclose any misrepresentation, I may be subject to dismissal. Veterans' Preference applies only for the preferred applicant's initial employment by a covered employer. I understand that my Veteran's Preference status may be subject to change in the event that information is obtained which affects my preference determination. Previous employment with a governmental entity within the State of Florida will cause the veteran's preference to expire.

Date: _____ **Signature:** _____ Revised 10/2/2000

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VETERANS' PREFERENCE RATING (NONE) (5 POINTS) (10 POINTS DISABILITY) (30% OR MORE DISABILITY)

EMPLOYMENT APPLICATION ADDENDUM

MIAMI-DADE COUNTY PROVIDES EQUAL ACCESS OPPORTUNITY IN EMPLOYMENT AND SERVICES FOR MINORITIES / FEMALES / APPLICANTS WITH DISABILITIES.

MIAMI-DADE COUNTY'S HIRING DECISIONS ARE CONTINGENT UPON THE RESULTS OF A PHYSICAL EXAMINATION, TO INCLUDE ALCOHOL AND DRUG SCREENING. PRIOR TO EMPLOYMENT, YOUR FINGERPRINTS WILL BE TAKEN FOR A BACKGROUND CHECK.

VOLUNTARY EEO SURVEY

First Name	Middle Initial	Last Name	Social Security Number
Consistent with federal law, Miami-Dade County will use this information concerning race/ethnicity/gender for voluntary affirmative action purposes only.			
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>			
Ethnic Group with which you want to be identified (Check Only One):			
<input type="checkbox"/> (A) White (not of Hispanic origin)	<input type="checkbox"/> (B) Black (not of Hispanic origin)	<input type="checkbox"/> (C) Hispanic	
<input type="checkbox"/> (D) Asian or Pacific Islander	<input type="checkbox"/> (E) American Indian or Alaskan Native		
Are you claiming Veteran's Preference ? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, see reverse side.)			
How did you hear about this job opening(s): (Please select one)			
<input type="checkbox"/> Apply-By-Phone	<input type="checkbox"/> County's Website	<input type="checkbox"/> Employment Opportunities Bulletin	
<input type="checkbox"/> Friend/Family	<input type="checkbox"/> County Employee	<input type="checkbox"/> Employment Agency	
<input type="checkbox"/> Other Website (Please Indicate) _____		<input type="checkbox"/> Publication (Please Indicate) _____	
		<input type="checkbox"/> Other (Please Indicate) _____	

FOR OFFICE USE ONLY

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